



Drug cost alert: Topical acne medications

Save your patients money: Consider prescribing a lower-cost alternative

- Consider prescribing a lower cost option for patients who are just starting on a topical acne medication or patients who can switch their existing prescription to one of the lower cost options listed.
- Most members will have lower costs when you prescribe a tier 1 or tier 2 topical acne medication. They also save money when they fill a 90-day supply through the Express Scripts PharmacySM (mail order).

Note: This is not a complete list of topical acne products available to our members. For a complete list of covered medications (our formulary), including the medication's tier and any coverage requirements, visit our medication lookup tools on Provider Central at bluecrossma.com/provider. Click **Medication search** from the homepage.

Lower cost topical acne medications

Medication type	Drug name and strength	Available package size	Tier (for members with a 3-tier formulary)
Clindamycin products	Clindamycin Phos 1% Gel	30 gm, 60 gm	Tier 1
	Clindamycin Phos 1% Pledget	60 swabs	Tier 1
	Clindamycin Phos 1% Lotion	60 ml	Tier 1
	Clindamycin Phos 1% Solution	30 ml, 60 ml	Tier 1
	Clindamycin-Benzoyl Perox 1.2-5%	45 gm	Tier 1
	Clindamycin-Benzoyl Perox 1-5%	25 gm, 35 gm, 50 gm	Tier 1
Erythromycin products	Erythromycin 2% Gel	30 gm, 60 gm	Tier 1
	Erythromycin 2% Solution	60 ml	Tier 1
Retinoid products	Tretinoin 0.01% Gel ⁺⁺	15 gm, 45 gm	Tier 2 (PA)
	Tretinoin 0.025% Cream	20 gm, 45 gm	Tier 2 (PA)
	Tretinoin 0.025% Gel ⁺⁺	15 gm, 45 gm	Tier 2 (PA)
	Tretinoin 0.05% Cream	20 gm, 45 gm	Tier 2 (PA)
	Tretinoin 0.05% Gel ⁺⁺	45 gm	Tier 2 (PA)
	Tretinoin 0.1% Cream	20 gm, 45 gm	Tier 2 (PA)
	Adapalene 0.1% Gel	Various Sizes	Excluded from coverage since it's available OTC
Sulfacetamide products	Sod Sulfacet-Sulfur 10-5% Cleanser	170 gm, 227 gm, 340 gm	Tier 1
	Sod Sulfacet-Sulfur 10-5% (SSS 10-5) Cream	28 gm, 57 gm	Tier 1
	Sulfacetamide Sod 10% Top Suspension	118 ml	Tier 1

(PA) Prior authorization is required only for patients 30 years of age and older. Coverage for all ages is restricted to non-cosmetic purposes only. Under the state mandate for cancer drugs, FDA-approved retinoids are covered for some active cancers, such as actinic keratosis.

⁺⁺ Tretinoin gel formulations typically have higher costs versus similar cream formulations.

Coverage information contained in this document is current as of January 2020.